



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
COMMUNITY FOOD AND NUTRITION ASSISTANCE  
SUMMER FOOD SERVICE PROGRAM (SFSP)  
**SITE INFORMATION SHEET (Please TYPE or PRINT clearly)**

**MDHSS USE ONLY**

Site #: \_\_\_\_\_

Name of Sponsor:		1. Name of Site:							
2. Meal Service Location (Street, City, State & Zip Code):			3. County:						
4. Telephone Number:	5. Site Supervisor:	6. Did this site operate the SFSP at this location last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Is this site a child care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No						
8. Check the programs in which this site participated in the last 12 months: <table style="width:100%"><tr><td><input type="checkbox"/> School Breakfast Program (SBP)</td><td><input type="checkbox"/> Child and Adult Care Food Program (CACFP)</td></tr><tr><td><input type="checkbox"/> School Milk Program (SMP)</td><td><input type="checkbox"/> Food Distribution Program (FDP)</td></tr><tr><td><input type="checkbox"/> National School Lunch Program (NSLP)</td><td><input type="checkbox"/> None of the above</td></tr></table>				<input type="checkbox"/> School Breakfast Program (SBP)	<input type="checkbox"/> Child and Adult Care Food Program (CACFP)	<input type="checkbox"/> School Milk Program (SMP)	<input type="checkbox"/> Food Distribution Program (FDP)	<input type="checkbox"/> National School Lunch Program (NSLP)	<input type="checkbox"/> None of the above
<input type="checkbox"/> School Breakfast Program (SBP)	<input type="checkbox"/> Child and Adult Care Food Program (CACFP)								
<input type="checkbox"/> School Milk Program (SMP)	<input type="checkbox"/> Food Distribution Program (FDP)								
<input type="checkbox"/> National School Lunch Program (NSLP)	<input type="checkbox"/> None of the above								
9. a. Site Location: <input type="checkbox"/> Rural <input type="checkbox"/> Urban  Areas considered "urban" include Kansas City, St. Louis, Columbia, Springfield, Joplin, and St. Joseph. All others are considered "rural."		b. <b>Urban sites and sponsors with more than one site:</b> Define geographical boundaries served and attach a map with the boundaries marked. If boundaries overlap, include a brief statement indicating the necessity for each site.							
10. a. Type of Site (choose one): <input type="checkbox"/> School <input type="checkbox"/> NYSP <input type="checkbox"/> Government Agency (includes parks) <input type="checkbox"/> Migrant <input type="checkbox"/> Private Non-Profit (PNP) (such as churches, YMCAs, Boys and Girls Clubs, etc.)									
b. Site Eligibility: <input type="checkbox"/> Open Site qualified by: School Data _____% Year _____ Or Census Data _____% Census Tract(s) _____ <b>Note:</b> To qualify as an open site, at least 50% of the children in the area must be eligible for free or reduced price school meals, or at least 50% of the population of the census tract(s) served must be at or below 185% of the Federal poverty level. <input type="checkbox"/> Enrolled Site: Estimated number of children enrolled _____ Estimated number of children eligible _____ <b>Note:</b> To qualify as an enrolled site, at least 50% of the children enrolled in the meals program must be eligible for free or reduced price school meals, as documented by current, signed Income Eligibility forms kept on file at the Sponsor's office. <input type="checkbox"/> Migrant Site: Estimated number of children _____ <b>Attach letter verifying site is a migrant site.</b>									
11. Location where meals will be prepared (check one): <input type="checkbox"/> At food service site <input type="checkbox"/> At central kitchen <input type="checkbox"/> At vendor kitchen (circle one below) School Food Authority Food Service Management Company  <b>Note:</b> For vended sites, be sure a copy of the School Food Authority or Food Service Management Company contract is included with your application. For more information, see the Sponsor Application, page 2, item 21.									
12. Meal Service Choices and Beginning/Ending Times: In the table below, please indicate the meals you will be serving, along with the beginning time, ending time, and estimated number of children that will be served at each meal. If over the course of the summer, the meals or meal service times change, or if the actual number of children served exceeds the estimate, please notify our office by using the Site Change Form.  <b>Note:</b> You may choose a combination of two meals and/or one meal and one snack per day, with the exception of lunch and supper on the same day. If you will be serving different meals on different days of the week, please note in the table below. There must be <b>at least 3 hours</b> between the beginning of one meal or snack service and the beginning of the next. Breakfast and snacks are limited to one hour from start to finish. All other meals are limited to two hours from start to finish.									
Type of meal	Time meal begins	Time meal ends	Estimated Number to be served	<b>MDHSS use only</b>					
Breakfast									
AM Snack									
Lunch									
PM Snack									
Supper									

13. Period of Site Operation: First date SFSP meals to be served at site:    /    / Last date SFSP meals to be served at site:    /    / 		14. Check days of week Site will operate: <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Monday           <input type="checkbox"/> Tuesday           <input type="checkbox"/> Wednesday           <input type="checkbox"/> Thursday           <input type="checkbox"/> Friday           <input type="checkbox"/> Saturday           <input type="checkbox"/> Sunday         </div>					
15. Total number of operating days each month:  Please indicate the number of days your site will operate each month, in the spaces to the right, below the corresponding month. Remember to indicate a total for the summer, and to exclude weekends and holidays as appropriate to your operations.	May	June	July	August	September	TOTAL	
16. What is the seating capacity of the site? <b>Note:</b> <i>This is the number of children who can eat at the site during one shift.</i> If children eat in shifts, indicate the number of shifts.			17. How many staff will be assigned to this site? <b>Note:</b> <i>Include site supervisor, assistants, food servers, etc.</i>				
<b>Questions 18 through 23 are for NEW sites ONLY.</b>							
18. Describe the system used to serve meals to attending participants.							
19. Describe the means of communication that will be used to adjust meal counts.							
20. If excess meals are delivered, describe arrangements for handling them.							
21. Are there provisions for holding meals until the time of meal service? Describe.							
22. Program regulations require that alternate arrangements be made for parks or other outdoor sites, in the event of bad weather. Describe the arrangements that will be made for bad weather, if this is an outdoor site.							
23. Program regulations require that the sponsor conduct a pre-approval visit to the site, before the Missouri Department of Health and Senior Services will approve the site for participation. Has the sponsor conducted a pre-approval visit to this site?   Yes   No   (circle one)							
I certify that this site has the capabilities and facilities to provide the meal service planned for the number of participants to be served, and that the information on this form is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of Federal funds, and that withholding information or deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.							
Signature of Authorized Sponsor Representative			Title		Date		
Approval Signature of MDHSS Representative ( <b>MDHSS use only</b> )			Title		Date		